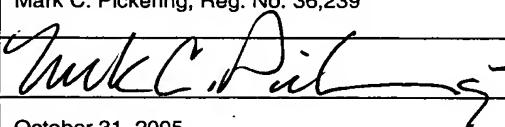
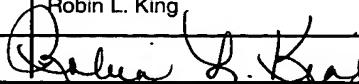


TRANSMITTAL FORM <small>PTO-1449 (Rev. 10-2003)</small> <small>be used for all correspondence after initial filing</small>		Application Number	10/692,255
		Filing Date	October 22, 2003
		First Named Inventor	Terry Lines
		Group Art Unit	2815
		Examiner Name	Eugene Lee
Total Number of Pages in This Submission	18	Attorney Docket Number	100-14311 (P04927-C1-F1)

ENCLOSURES (check all that apply)				
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached (check for \$120) <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final (Response) <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (in duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement and Form PTO-1449 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard Certificate of Mailing		
			Remarks <small>Please charge any necessary fees or credit overpayment to Deposit Account No. 502305. <u>A duplicate copy of this transmittal is attached for this purpose.</u></small>	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Mark C. Pickering, Reg. No. 36,239
Signature	
Date	October 31, 2005

CERTIFICATE OF MAILING		
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